

Learning Prep School
1507 Washington Street, West Newton MA 02067
Tel (617)965-0764 Fax (617)244-1921

Student Medical Alert Consent Form

I have read and understand the Confidentiality of School Records Form and the Student Medical Alert Information Form.

I understand the need for Learning Prep School Nursing Staff to have and distribute the Student Medical Alert List to “need to know” staff.

I understand that student information will be shared when it is relevant for a student’s academic progress, necessary to address a student’s potential emergency and health care needs, or essential to ensure the protection of the student.

I also understand that Learning Prep School abides by Massachusetts State regulations in regards to the sharing of school health record information.

Name of Student: _____

DOB: ___ / ___ / _____

Name of Parent or Guardian: _____

*Signature of Parent or
Guardian: _____

Date: _____

This acknowledgement will be in effect for the ___ - ___ school year.